
TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH

Final Rule

LSA Document #06-425(F)

DIGEST

Adds [410 IAC 1-2.3-37.5](#) to define pandemic influenza activity. Amends [410 IAC 1-2.3-47](#) to require the reporting of influenza associated human deaths to the department. Effective 30 days after filing with the Publisher.

[410 IAC 1-2.3-37.5](#); [410 IAC 1-2.3-47](#)

SECTION 1. [410 IAC 1-2.3-37.5](#) IS ADDED TO READ AS FOLLOWS:

[410 IAC 1-2.3-37.5](#) "Pandemic influenza activity" defined

Authority: [IC 16-41-2-1](#)

Affected: [IC 16-41-2](#); [IC 16-41-9](#)

Sec. 37.5. "Pandemic influenza activity" means influenza infection caused by a novel influenza virus for humans, which is efficiently transmitted from person to person, and that results in moderate or severe illness.

(Indiana State Department of Health; [410 IAC 1-2.3-37.5](#); filed Apr 16, 2008, 2:21 p.m.: [20080514-IR-410060425FRA](#))

SECTION 2. [410 IAC 1-2.3-47](#) IS AMENDED TO READ AS FOLLOWS:

[410 IAC 1-2.3-47](#) Reporting requirements for physicians and hospital administrators

Authority: [IC 16-41-2-1](#)

Affected: [IC 4-22-2-37.1](#); [IC 16-21](#); [IC 16-41-2-8](#); [IC 25-22.5](#)

Sec. 47. (a) It shall be the duty of each:

(1) physician licensed under [IC 25-22.5](#); and

(2) administrator of a hospital licensed under [IC 16-21](#), or the administrator's representative;

to report all cases and suspected cases of the diseases listed in subsection (d). Reporting of specimen results by a laboratory to health officials does not nullify the physician's or administrator's obligations to report said case.

(b) The report required by subsection (a) shall be made to the local health officer in whose jurisdiction the patient was examined at the time the diagnosis was made or suspected. If the patient is a resident of a different jurisdiction, the local health jurisdiction receiving the report shall forward the report to the local health jurisdiction where the patient resides. If a person who is required to report is unable to make a report to the local health officer within the time mandated by this rule, a report shall be made directly to the department within the time mandated by this rule.

(c) Any reports of diseases required by subsection (a) shall include the following:

(1) The patient's:

(A) full name;

(B) street address;

(C) city;

(D) zip code;

(E) county of residence;

(F) telephone number;

(G) age or date of birth;

(H) sex; and

(I) race and ethnicity, if available.

(2) Date of onset.

- (3) Diagnosis.
- (4) Definitive diagnostic test results, for example:
 - (A) culture;
 - (B) IgM;
 - (C) serology; or
 - (D) Western Blot.
- (5) The name, address, and telephone number of the attending physician.
- (6) Other epidemiologically necessary information requested by the local health officer or the commissioner.
- (7) Persons who are tested anonymously at a counseling and testing site cannot be reported using personal identifiers; rather, they are to be reported using a numeric identifier code. The following shall also be reported:
 - (A) Age.
 - (B) Race.
 - (C) Sex.
 - (D) Risk factors.
 - (E) County of residence.
- (8) The name, address, and telephone number of the person completing report.

(d) The dangerous communicable diseases and conditions described in this subsection shall be reported within the time specified. Diseases or conditions that are to be reported immediately to the local health officer shall be reported by telephone or other instantaneous means of communication on first knowledge or suspicion of the diagnosis. Diseases that are to be reported within seventy-two (72) hours shall be reported to the local health officer within seventy-two (72) hours of first knowledge or suspicion of the diagnosis by telephone, electronic data transfer, other confidential means of communication, or official report forms furnished by the department. During evening, weekend, and holiday hours, those required to report should report diseases required to be immediately reported to the after-hours duty officer at the local health department. If unable to contact the after-hours duty officer locally, or one has not been designated locally, those required to report shall file their reports with the after-hours duty officer at the department at (317) 233-1325 or (317) 233-8115.

DANGEROUS COMMUNICABLE DISEASES AND CONDITIONS

Disease	When to Report	Disease Intervention Methods (section in this rule)
Acquired immunodeficiency syndrome	(from probable diagnosis) See HIV Infection/Disease	Sec. 76
Animal bites	Within 24 hours	Sec. 52
Anthrax	Immediately	Sec. 53
Babesiosis	Within 72 hours	Sec. 54
Botulism	Immediately	Sec. 55
Brucellosis	Within 72 hours	Sec. 56
Campylobacteriosis	Within 72 hours	Sec. 57
Chancroid	Within 72 hours	Sec. 58
Chlamydia trachomatis, genital infection	Within 72 hours	Sec. 59
Cholera	Immediately	Sec. 60
Cryptosporidiosis	Within 72 hours	Sec. 61
Cyclospora	Within 72 hours	Sec. 62
Diphtheria	Immediately	Sec. 63
Ehrlichiosis	Within 72 hours	Sec. 64
Encephalitis, arboviral, Calif, EEE, WEE, SLE, West Nile	Immediately	Sec. 65
Escherichia coli, infection (including E. coli 0157:H7 and other enterohemorrhagic types)	Immediately	Sec. 66
Gonorrhea	Within 72 hours	Sec. 67
Granuloma inguinale	Within 72 hours	Sec. 68
Haemophilus influenzae invasive disease	Immediately	Sec. 69
Hansen's disease (leprosy)	Within 72 hours	Sec. 70
Hantavirus pulmonary syndrome	Immediately	Sec. 71
Hemolytic uremic syndrome, postdiarrheal	Immediately	Sec. 66
Hepatitis, viral, Type A	Immediately	Sec. 72

Hepatitis, viral, Type B	Within 72 hours	Sec. 73
Hepatitis, viral, Type B, pregnant woman (acute and chronic), or perinatally exposed infant	Immediately (when discovered at or close to time of birth)	Sec. 73
Hepatitis, viral, Type C (acute)	Within 72 hours	Sec. 74
Hepatitis, viral, Type Delta	Within 72 hours	Sec. 73
Hepatitis, viral, unspecified	Within 72 hours	
Histoplasmosis	Within 72 hours	Sec. 75
HIV infection/disease	Within 72 hours	Sec. 76
HIV infection/disease, pregnant woman, or perinatally exposed infant	Immediately (when discovered at or close to time of birth)	Sec. 76
Influenza	See subsection (f)	
Legionellosis	Within 72 hours	Sec. 77
Leptospirosis	Within 72 hours	Sec. 78
Listeriosis	Within 72 hours	Sec. 79
Lyme disease	Within 72 hours	Sec. 80
Lymphogranuloma venereum	Within 72 hours	Sec. 81
Malaria	Within 72 hours	Sec. 82
Measles (rubeola)	Immediately	Sec. 83
Meningitis, aseptic	Within 72 hours	Sec. 84
Meningococcal disease, invasive	Immediately	Sec. 85
Mumps	Within 72 hours	Sec. 86
Pertussis	Immediately	Sec. 88
Plague	Immediately	Sec. 89
Poliomyelitis	Immediately	Sec. 90
Psittacosis	Within 72 hours	Sec. 91
Q Fever	Immediately	Sec. 92
Rabies in humans or animals (confirmed and suspect animal with human exposure)	Immediately	Sec. 93
Rabies, postexposure treatment	Within 72 hours	Secs. 93 and 52
Rocky Mountain spotted fever	Within 72 hours	Sec. 94
Rubella (German measles)	Immediately	Sec. 95
Rubella congenital syndrome	Immediately	Sec. 95
Salmonellosis, other than typhoid fever	Within 72 hours	Sec. 96
Shigellosis	Immediately	Sec. 97
Smallpox (variola infection)	Immediately	Sec. 97.5
Adverse events or complications due to smallpox vaccination (vaccinia virus infection) or secondary transmission to others after vaccination. This includes accidental implantation at sites other than the vaccination site, secondary bacterial infections at vaccination site, vaccinia keratitis, eczema vaccinatum, generalized vaccinia, congenital vaccinia, progressive vaccinia, vaccinia encephalitis, death due to vaccinia complications, and other complications requiring significant medical intervention.	Immediately	Sec. 97.5
Staphylococcus aureus, Vancomycin resistance level of MIC \geq 8 μ g/mL	Immediately	Sec. 98
Streptococcus pneumoniae, invasive disease, and antimicrobial resistance pattern	Within 72 hours	Sec. 99
Streptococcus, Group A, invasive disease	Within 72 hours	Sec. 100
Streptococcus, Group B, invasive disease	Within 72 hours	Sec. 101
Syphilis	Within 72 hours	Sec. 102
Tetanus	Within 72 hours	Sec. 103
Toxic shock syndrome (streptococcal or staphylococcal)	Within 72 hours	Sec. 104
Trichinosis	Within 72 hours	Sec. 105
Tuberculosis, cases and suspects	Within 72 hours	Sec. 106
Tularemia	Immediately	Sec. 107
Typhoid fever, cases and carriers	Immediately	Sec. 108
Typhus, endemic (flea borne)	Within 72 hours	Sec. 109

Varicella, resulting in hospitalization or death	Within 72 hours	Sec. 110
Yellow fever	Within 72 hours	Sec. 111
Yersiniosis	Within 72 hours	Sec. 112

(e) Reporting of HIV infection/disease shall include classification as defined in the CDC Morbidity and Mortality Weekly Report, Volume 41, No. RR-17, 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS among Adolescents and Adults. Reporting of HIV infection/disease in children less than thirteen (13) years of age shall include classification as defined in the CDC Morbidity and Mortality Weekly Report, Volume 43, No. RR-12, 1994 Revised Classification System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age. Supplemental reports shall be provided by the physician when an individual's classification changes. The CD4+ T-lymphocyte count and percentage or viral load count, or both, shall be included with both initial and supplemental reports.

(f) Influenza shall be reported within seventy-two (72) hours of either of the following occurrences:

(1) A human death in which an influenza diagnosis has been detected in the deceased by:

- (A) commercial rapid antigen testing;**
- (B) viral culture;**
- (C) direct fluorescent antibody (DFA);**
- (D) indirect fluorescent antibody (IFA);**
- (E) enzyme immunoassay;**
- (F) reverse transcriptase-polymerase chain reaction (RT-PCR); or**
- (G) immunohistochemistry (IHC).**

(2) A human death in which a strong probability of influenza has been detected in the deceased based on clinically compatible symptoms under any of the following circumstances:

- (A) An influenza pandemic has been declared by the World Health Organization (WHO).**
- (B) Known pandemic influenza activity is occurring in the United States as determined by the Centers for Disease Control and Prevention (CDC).**
- (C) Known pandemic influenza activity is occurring in the local community as determined by the commissioner.**

~~(f)~~ **(g)** The department, under the authority of [IC 4-22-2-37.1](#), may adopt emergency rules to include mandatory reporting of emerging infectious diseases. Reports shall include the information specified in subsection (c).

~~(g)~~ **(h)** Outbreaks of any of the following shall be reported immediately upon suspicion:

- (1) Any disease required to be reported under this section.
- (2) Diarrhea of the newborn (in hospitals or other institutions).
- (3) Foodborne or waterborne diseases in addition to those specified by name in this rule.
- (4) Streptococcal illnesses.
- (5) Conjunctivitis.
- (6) Impetigo.
- (7) Nosocomial disease within hospitals and health care facilities.
- (8) Influenza-like illness.
- (9) Unusual occurrence of disease.
- (10) Any disease, that is:
 - (A) anthrax;
 - (B) plague;
 - (C) tularemia;
 - (D) Brucella species;
 - (E) smallpox; or
 - (F) botulinum toxin;

or chemical illness that is considered a bioterrorism threat, importation, or laboratory release.

~~(h)~~ **(i)** Failure to report constitutes a Class A infraction as specified by [IC 16-41-2-8](#).

(Indiana State Department of Health; [410 IAC 1-2.3-47](#); filed Sep 11, 2000, 1:36 p.m.: 24 IR 339; filed Oct 23, 2003, 4:10 p.m.: 27 IR 865; readopted filed Nov 8, 2006, 1:53 p.m.: [20061122-IR-410060424RFA](#); filed Jan 2, 2007, 2:49 p.m.: [20070131-IR-410050189FRA](#); filed Apr 16, 2008, 2:21 p.m.: [20080514-IR-410060425FRA](#))

LSA Document #06-425(F)

Notice of Intent: [20061004-IR-410060425NIA](#)

Proposed Rule: [20071114-IR-410060425PRA](#)

Hearing Held: February 4, 2008

Approved by Attorney General: April 7, 2008

Approved by Governor: April 16, 2008

Filed with Publisher: April 16, 2008, 2:21 p.m.

Documents Incorporated by Reference: None Received by Publisher

Small Business Regulatory Coordinator: Robert Teclaw, Indiana State Department of Health, 2 North Meridian Street, 5K, Indianapolis, Indiana 46204, (317) 233-7807, rteclaw@isdh.in.gov

Posted: 05/14/2008 by Legislative Services Agency

An [html](#) version of this document.